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CONFIRMATION NO. 1537

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/007,698	<b>FILING OR 371(c) DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 05882.0102.CNUS01
<b>APPLICANTS</b> Tammy L. Moser, Durham, NC; Salvatore V. Pizzo, Bahama, NC; Mary S. Stack, Chicago, IL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/314,159 05/19/1999 PAT 6,444,431 which claims benefit of 60/086,155 05/19/1998 and claims benefit of 60/124,070 03/12/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/18/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NC	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 14
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 20792				
<b>TITLE</b> Angiostatin receptor				
<b>FILING FEE RECEIVED</b> 807	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	